



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Tanonaka,	Rod	S.	808-543-5865
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			808-532-5864
(City)	(State)	(Zip Code)	
Honolulu	HI	96840-0001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaiian Electric Company, Inc.			808-543-5865
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			808-532-5864
(City)	(State)	(Zip Code)	
Honolulu	HI	96840-0001	

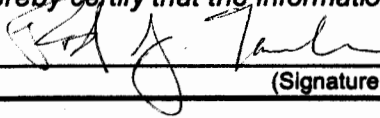
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Electric Light Company, Inc.			808-935-1171
MAILING ADDRESS (Street)			FAX
P. O. Box 1027			808-969-0100
(City)	(State)	(Zip Code)	
Hilo	HI	96721-1027	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marcia Wright			808-543-5860
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			808-532-5864
(City)	(State)	(Zip Code)	
Honolulu	HI	96840-0001	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (Indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

11/14/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Molly M. Egged

Secretary

NAME OF ORGANIZATION (if applicable)

Hawaii Electric Light Company, Inc.

TELEPHONE

808-543-7728

MAILING ADDRESS (Street)

P. O. Box 2750

FAX

808-543-7523

(City)

Honolulu

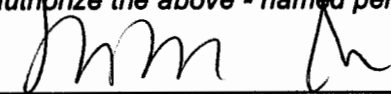
(State)

HI

(Zip Code)

96840-0001

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

11/18/05
(Date)